Case Number:	CM13-0064829		
Date Assigned:	01/15/2014	**Date of Injury:**	11/21/2007
Decision Date:	04/28/2014	**UR Denial Date:**	11/12/2013
Priority:	Standard	**Application Received:**	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an 80-year-old female who worked as a sales associate and fell on 11/21/07 sustaining a fracture on her left elbow. Subsequently, she underwent open reduction and internal fixation surgical procedure on 12/11/07. She has developed chronic elbow pain due to the contracture. Additional treatment has consisted of medications, physical therapy and Dynasplint. Since the injury, the patient has developed depression and anxiety and has been under the care of a psychiatrist. Her symptoms have been treated with Celexa, Klonopin and Lunesta. The patient has difficulty sleeping without the use of Lunesta. Celexa has helped her feelings of depression. The use of Klonopin has been questioned. Psychiatric independent review was conducted on 11/12/13. The reviewer did not recommend the use of Klonopin for this injured worker's symptoms. Klonopin is FDA approved for seizure and panic disorder. This patient does not have history seizure disorder or having panic attacks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

KLONOPIN 0.5MG ONCE DAILY AS NEEDED, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS FDA package insert, and the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepine Section, Pain Chapter; FDA package insert.

Decision rationale: Klonopin is not recommended for long-term use because of risk of psychological and physical dependence or frank addiction. Most guidelines limit the use to 4 weeks. This medication, particularly in this setting being used for an elderly person, can cause cognitive disturbance. Most common use of Klonopin is for panic disorder. The request for Klonopin 0.5 mg, once daily as needed, # 30 is not medically necessary and appropriate.